PART B - FEE(S) TRANSMITTAL

	Complete and sen			licable		Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Vir (571)-273-2885	or Patents	-1450		
INSTRUCTIONS: This form should be used for transmitting the ASSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be appropriate. All further correspondence including the Patent, addition of maintenance fees will be mailed to the current correspondence indicated unless corrected below or directed observise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE maintenance fee notifications.								nould be completed when correspondence address a rate "FEE ADDRESS" for		
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23873 7590 05/21/2008					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.				
10 / /	ROBERT W STROZIER, P.L.L.C PO BOX 429 BELLAIRE, TX 77402-0429 04/2008 RMEBRAH1 00000128 10554149					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below.				
		000128 10554149							(Depositor's name	
2 F(FC:2501 720.00 OP FC:1504 300.00 OP FC:8001 30.00 OP								(Signature)	
L	APPLICATION NO.	FILING DATE		F	FIRST NAMED INVEN	TOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
TI	10/554,149 TLE OF INVENTION:	10/21/2005 NONINVASIVE BLO	OD ANALYSIS	ву орті	Rinat O. Escnal	THE VEINS UNDER		-26US E	3257	
Γ	APPLN. TYPE	SMALL ENTITY	ISSUE FEE D	UE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE TOT	AL FEE(S) DUE	DATE DUE	
_	nonprovisional	YES	\$720		\$300	\$0		\$1020	08/21/2008	
Г	EXAMINER		ART UNIT		CLASS-SUBCLASS					
<u> </u>	WINAKUR, ERIC FRANK		3768	3768						
I.	. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			s" (37		he patent front page, l		7./.	1,00/-	
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
	Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fi recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
	(A) NAME OF ASSIGN	NEE				an assignment. ITY and STATE OR (
7	KE BOARD O	FREGENT	SOF				1	_	7 V	
7	HE UNIV	evsity of	TEXA	A5	SYSTEM		TUST.	1/10	<i>y</i>	
Pic	ase check the appropria	te assignce category or	categories (will r	ot be prin	ited on the patent):	☐ Individual ☐ C	orporation or o	ther private grou	p entity Government	
	a. The following fee(s) are submitted: Solution				Payment of Fec(s): (I	Please first reapply a	ny previously	paid issue fee sl	nown above)	
					A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
	Change in Entity Statu			_	_	longer claiming SMA	- "			
					from anyone other the	an the applicant; a reg	stered attorney	or agent; or the	assignee or other party in	
	Authorized Signature	E Min	mh	Schlark	onice.	Date 8	1/8	/		
	Typed or printed name	Robert	W S	40		Registration N	10. 74	200		
Thi an a sub this Box Alc	s collection of information	is for reducing this burginia 22313-1450. DO -1450.	den, should be se NOT SEND FEI	nt to the C	Chief Information Of OMPLETED FORMS	or retain a benefit by the estimated to take 12 individual case. Any conficer, U.S. Patent and TO THIS ADDRESS	he public whic ninutes to com mments on the Trademark Of S. SEND TO: O	fice, U.S. Depart Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete them of Commerce, P.O. r Patents, P.O. Box 1450,	